CADEMAKK OFFICE
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))) Art Unit 1771
Art olik 1771
Examiner Hai Vo
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))

Commissioner of Patents P.O. Box 1450 Alexandria, VA 22313-1450

COVER LETTER

Sir:

[x] The fee for submission of claims is calculated as shown below:

FOR	TOTAL WITH NEW CLAIMS ADDED	TOTAL CURRENTLY ON FILE	CLAIMS ALREADY PAID	RATE	CALCULATION
Total Claims	32	30	(Over 20)	x \$50	0
Independent Claims	3	3	(Over 3)	x \$200	0
MULTIPLE DEPENDENT CLAIM(S)	111			+ \$360	0
REDUCTION FOR FILING BY SMALL ENTITY (note 37 C.F.R. §§ 1.9, 1.27, 1.28). x ½ 11.27 L.28.1. THE APPLICABLE, VERIFIED STATEMENT MUST BE ATTACHED					
TOTAL		L	0		

In addition, the below-identified communications are submitted in the above-captioned application or proceeding:

x] Response/Preliminary Amendment (with Claim Amendments)] Preliminary Amendment] Substitute Specification] Other	[] Petition formonth Extension of Time [] Information Disclosure Statement w/for 1449 [] Letter to Draftsperson []sheet of drawings [x] Request for Continued Examination
J Other	[x] Request for Continued Examination

[]	Please charge my Deposit Account Number in the amount of to cover the fees for A duplicate copy of this paper is enclosed.				
[x]	A check in the amount of \$790.00 to cover the RCE fee is enclosed.				
[x]	The Commissioner is hereby authorized to charge any additional fees associated with this communication, or credit any overpayment to Deposit Account Number 08-1480 .				
	Respectfully submitted,				
	Stanley P. Fisher Registration Number 24,344 Juan Carlos A. Masques				
	Registration Number 34,072				

REED SMITH LLP 3110 Fairview Park Drive, Suite 1400 Falls Church, Virginia 22042 (703) 641-4200 April 16, 2007